

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091101 (2)

1. Corporation Name

CIRCLE LABORATORIES, INC.



Principal Place of Business

4001 S OCEAN DRIVE STE 10B
HOLLYWOOD FL 33019

Mailing Address

P.O. BOX 642
HALLANDALE FL 33008
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1995

4. FEI Number

65-0648356

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 2730 NW 29 TERRACE

Suite, Apt. #, etc.

22

City & State

23 FT. LAUDERDALE, FL

Zip

24 33311

Country

25 U.S.

2a. Mailing Address

26 2730 NW 29 TERRACE

Suite, Apt. #, etc.

27

City & State

28 FT. LAUDERDALE, FL

Zip

29 33311

Country

30 U.S.

9. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES INC
1290 WESTON ROAD
SUITE 300
FT LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

WOLFE, DAVID M

STREET ADDRESS

4001 S OCEAN DR

CITY - ST - ZIP

HOLLYWOOD FL

TITLE

VTD

NAME

O'DONNELL, EILEEN M

STREET ADDRESS

4001 S OCEAN DR

CITY - ST - ZIP

HOLLYWOOD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2730 NW 29 TERRACE

FT. LAUDERDALE, FL 33311

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

WOLFE, EILEEN M

2730 NW 29 TERRACE

FT. LAUDERDALE, FL 33311

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

David Wolfe

3/5/98

19542717-0708

CR2E034 (10/97)